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SERIAL NUMBER	FILING OR 371 (c) DATE	CLASS	GROUP ART UNIT	ATTORI DOCKET
09/613,961	07/11/2000 RULE	602	3743	60200.002

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 08/935,026 09/22/1997 PAT 6,087,549 KML

** FOREIGN APPLICATIONS *****

None KML

IF REQUIRED, FOREIGN FILING

** SMALL ENTITY **

LICENSE GRANTED ** 08/29/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 20	TOTAL CLAIMS 19	INDEPEN CLAIM 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>KML</i>				

ADDRESS

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TITLE

MULTILAYER CONDUCTIVE APPLIANCE HAVING WOUND HEALING AND
 ANALGESIC PROPERTIES

FILING FEE RECEIVED 804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
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